505 Acorn Court

Mount Airy, MP 21771

MAY -9 P1:49

April 17, 2000

Janet Henney, M.D., Commissioner, Food and Drug Administration 5600 Fishers Lane, Rockville, MD 20857

Dear Dr. Henney:

My daughter was hospitalized twice last February (1999) because of potato chips containing Olestra. We did not know at the time that the Olestra was the cause, because everyone, including the doctors caring for her, assumed the problem was due to some type of typical childhood gastro-related illness. She was only 4-1/2 years old and was sick for several days with vomiting and diarrhea that became progressively worse to the point of dehydration, for which she was hospitalized. She was given I.V. antibiotics because the doctors suspected a bacterial infection; however, all cultures came back negative. They also performed x-rays and CT scans on her, which was very scary. The diarrhea was bloody and oily-looking which was very unusual. She started to improve and was sent home with additional antibiotics, though the cause was not determined.

About a week later, it started up again. I happened to realize that my husband had been giving her potato chips in her pre-school lunch every day. Then I looked on the package and started reading about Olestra. The doctors told us to stop giving her the potato chips immediately. Tracking backwards, we realized that the initial illness corresponded with when she began eating the potato chips. By this time, however, she was really sick. She was hospitalized once again, this time for three days. Because an incorrect diagnosis was made the first time and the antibiotics that were given were very strong, she ended up with an intestinal flare-up of chlostridium deficile, since the antibiotics had wiped out the rest of her natural flora. She was extremely sick, vomiting constantly and having bloody diarrhea for many days. It took over 2 weeks to return to normal health and she lost at least 5 pounds. This second hospitalization could have been prevented if the doctors had suspected that the first illness was caused by Olestra.

I am shocked that there are not more prominent labels on the food containing Olestra. In fact, I believe that there should be large, clear warnings that these foods should not be given to children. If adults want to risk the side effects to eat fat-free foods, that is one thing. But parents would never intentionally give something like this to their children – something that could make their children so sick. Please support retaining the warning labels on these products. I would also suggest that notices should be given to pediatricians and schools for posting and inclusion in newsletters.

Sincerely,

Luanne Houck

Luanne Houck

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